

Executive Summary

New Hampshire Racial & Ethnic Data Review A Final Report

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Introduction

The New Hampshire Minority Health Office (NH MHO) in the year 2000 received funding of \$30,000. The funding was a Partnership Grant from United States Health & Human Services, (US HHS) Office of Minority Health (OMH) and grew out of previous initiatives examining Racial and Ethnic data collection methodologies in each of the six New England States. The NH funding was to conduct further study about the process that some New Hampshire Department of Health and Human Services (NH DHHS) data systems use to collect racial and ethnic data. The report was completed in October of 2002.

Project Goals

The goal of the report is to provide interested parties with a better understanding of the type and usefulness of race and ethnicity data that is collected by the state of NH within some of its service delivery systems. A further goal is to continue to achieve quality services for the state's citizens through an introspective and constructive analysis of the state's population, as viewed through the reports generated by the data systems that were reviewed. With these goals in mind the state can further achieve its objectives as outlined in its mission statement.

“Our mission is to join communities and families in providing for citizens to achieve health and independence.”

Background Methodology

First, The New England Coalition for Health Equity (NECHE) conducted a review of NH's databases in 1998 examining data elements pertaining to Latino/Hispanic data collection and analysis. Following the release of that report, NH DHHS and the Region 1 US DHHS, OMH funded a more in depth study of NH Public Health Databases looking at all the variables through which we collect all racial and ethnic data. Dr. Bart Laws of NECHE completed this second study in June of 2001.

The New Hampshire Minority Health Office staff followed up the second NECHE review with their own review process. This process consisted of reviewing the work completed to date, meeting with the director and staff of the NH Bureau of Health Statistics, and selecting specific Health Diseases to review by Race and Ethnic population based comparisons. The NH MHO staff also selected four DHHS data systems to examine their methodologies of collecting racial and ethnic data. Added to this segment was a

qualitative component of interviewing a Family Services Specialist and observing of the data collection interaction with a client and the Family Services Specialist. This entire process was supported by conducting a further literature review of the work completed by physicians from the Center for Disease Control and Prevention and the published race and ethnic New Hampshire data by large national foundations.

Literature Review

In the abstract “**Assessing disparities in a small state with limited racial and ethnic diversity – New Hampshire,**” Alcia Williams, MD, MPH and Andrew Pelletier MD, MPH from the CDC say this about the NH BRFSS data, “Numbers for race and ethnicity were too small for meaningful analysis.” They further concluded that, “To assess racial and ethnic disparities, the number of respondents from minority groups needs to be increased in the state's BRFSS, or alternate data sources should be identified.”

Since other NH data sources use race and ethnicity descriptors that are different in each database, Dr. Williams and Dr. Pelletier's point about alternate data sources being identified is well taken but still may yield inaccurate results.

In a report that was done by **M. Barton Laws, Ph. D** of the **New England Coalition for Health Equity (NECHE)** titled **RACIAL AND ETHNIC IDENTIFICATION PRACTICES IN PUBLIC HEALTH DATA SYSTEMS IN NEW HAMPSHIRE**, he concludes that “New Hampshire collects only limited data relevant to racial and ethnic health disparities. In general the state meets minimum standards for national surveillance programs and vital records but does not go beyond these.”

NECHE in its partnership with the **Center for Research on Culture and Health** at the **Latin American Health Institute** has looked at the databases in six New England states including NH and found problems with the way data is collected. **M. Barton Laws, Ph. D** indicates in the report titled **Building Capacity to Eliminate Health Disparities**, the lack of comparability between data sources affects the quality outcome of the data itself, and so interpretation of population based data must be done with these limitations in mind.

The work of **Camara P. Jones, M.D., M.P.H., Ph.D** was reviewed from the **American Journal of Epidemiology Vol. 154, No. 4** in which she makes several recommendations with regard to race and ethnicity data collection.

Doctor Jones recommends that we vigorously investigate the basis of observed race-associated differences in health outcomes. She encourages us to;

- a. Interpret all race-related findings instead of simply reporting them without comment or simply adjusting for race.
- b. If there are not enough data to explicate a difference that is documented in a given study, propose follow-up studies.
- c. View race-associated differences as important clues to be mined.

The complete source material for the works of Doctors Williams, Pelletier, Laws, and Jones are included in the full report of the New Hampshire Racial & Ethnic Data Review.

NH MHO Data Review:

This section of the report examined the NH DHHS data collection process, looking at the issues of what race and ethnicity variables or descriptors we use in our data collection processes and how each of these elements compares across our different data systems.

DHHS in the state of NH uses a variety of data collection systems to facilitate the gathering and documentation of demographic information of its citizens for the purpose of service delivery and to comply with federal regulations. The data systems enable the state to be able to discern what populations are present and what the health care and social service needs are for the state.

The report is not meant to be an all-inclusive analysis of the state data systems, but instead compares key data systems that the state uses daily to perform its function and mandates. The report compares the different collection processes against each other particularly in the data fields of race and ethnicity.

STUDY METHODOLOGY:

The systems were reviewed and analyzed by using a three-step approach. The first step was to review the statistics that are compiled by the selected state programs.

The second step was to conduct one on one interviews with the individuals who collect client information, and who do database queries. This was done to refine the understanding of how data is collected and used by different program areas.

The third step was to observe a case technician perform an interview with a client to see how the information that was collected from a client and how it was entered into the various data fields, particularly with regard to race and ethnicity.

The areas identified as barriers to accurate collection of demographic data include, but are not limited, to the following.

- Language barriers.
- Training for intake staff that document demographic data given them by clients.
- The development of comfort zones in client waiting areas. E.g. The placement of culturally friendly messages, and the neutralization of power relationships perceived by clients who apply for benefits.
- Small sample sizes in data collecting.
- Inconsistent race and ethnicity categories used by the different data collection systems.
- The use of observed racial descriptors instead of client self-identifying descriptors.

The Conclusions and Recommendations made in the report are based on the review and analysis conducted by both private and public professionals and are meant to provide the foundation by which NH DHHS and our Partners established a framework for improving our data collection process and developing strategies for the elimination of Health Disparities for all residents of New Hampshire and the Region.

Recommendations:

Given the data limitations and inconsistent descriptors for race and ethnicity, the following recommendations are made.

- DHHS data systems that collect demographic information should use consistent and minimum standards for race and ethnic descriptors. The Office of Management and Budget (OMB) provides minimum criteria for collection of race and ethnicity

descriptors in its October 30, 1997 directive OMB 15 as modified in the OMB bulletin number 00-02 dated March 9, 2000.

The following are the minimum category standards for documenting race and ethnicity. These categories are not used to determine eligibility into any federal program.

- “American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.”
 - There are two categories for data on ethnicity: “Hispanic or Latino,” and “Not Hispanic or Latino.”
- The practice of collecting race and ethnic data by observation should be examined for standardization, and a training methodology should be developed.
 - DHHS should conduct further in-depth studies that look at health by race and ethnicity data.

Action Steps

- The Minority Health Office (MHO) of the New Hampshire Department of Health and Human Services (DHHS) will meet with key management team members to review the report and to make recommendations.
- The MHO will conduct focus groups with key managers of the DHHS Management of Information Systems (MIS) to explore changes with regard to the collection of demographic data. Information from district office focus groups will be used to make recommendations as needed to the management team.
- The MHO will continue to meet with the Region I Program Consultant for Minority Health US Department of Health & Human Services, to discuss the implementation of requirements for the collection of demographic data.
- The MHO will use the identified barriers in the report as the basis to make recommendations to the program divisions and field operations in the collection of demographic data collected from clients who apply for services.

The MHO Web page will become a repository for state health reports that specifically include reports on the health status of minorities in NH.